

# *epi*TRENDS

A Monthly Bulletin on Communicable Disease Epidemiology and  
Public Health Practice in Washington State

## Notifiable Conditions Reporting

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Reporting specific notifiable conditions is the basis for communicable disease surveillance. New communicable conditions, new laboratory methods, and changes in national and international disease reporting standards occur constantly. In response, the notifiable conditions rule is currently under revision for Washington State.



The Legislature delegates authority to agencies to establish, alter, or revoke procedures, practices, or requirements conferred by law. A "Rule" is an agency order, directive, or regulation. "Rule making" is the process of formulating and adopting a rule. (34.05 RCW)

10.10

## Public Health Discussion Points

Here are three discussion points related to notifiable conditions reporting. The answers are contained in the text, or you may refer to the answers at the end of this section.

1. What is the legal basis of notifiable conditions reporting in Washington State?
2. What types of changes are anticipated in notifiable conditions from the proposed revisions in reporting for our state?
3. What factors are considered when deciding to make a condition notifiable?

The Washington State Board of Health is designated to "adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness". As part of this requirement, Chapter 246-101 of the Washington Administrative Code (WAC) is the legal basis for requiring the reporting of notifiable conditions, which may be communicable or non-communicable.



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Washington State's notifiable conditions rule specifies who must report cases or outbreaks, and how quickly each must be reported. Reporters include health care providers, health care facilities, clinical laboratories, and others such as food service establishments, child day care centers, schools, and veterinarians. Each category of reporters has a different list of notifiable conditions and timelines.

 <b>WASHINGTON STATE LEGISLATURE</b>	
<b>Chapter 246-101 WAC</b> <b>Notifiable conditions</b>	<a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=246-101&amp;full=true#246-101">http://apps.leg.wa.gov/WAC/default.aspx?cite=246-101&amp;full=true#246-101</a>

## WAC Revision Process

The Board of Health and the Department of Health (DOH) periodically update the notifiable conditions rule. The last major revision was in 2001, with limited revisions in 2005 for reporting HIV/AIDS. The rule needs to be revised now because surveillance needs have changed; there are new conditions such as SARS and prion disease as well as new international targets for disease surveillance. Working with the Board, DOH Communicable Disease Epidemiology Section (CDES) has undertaken a 2010 revision addressing conditions reported to the Section as well as clarifying potentially ambiguous language in the existing rule.

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The rule revision process is intended to notify and obtain input from those potentially affected by proposed changes. An ad hoc advisory panel comprised of major stakeholder groups, including health care providers, health care facilities, clinical laboratories, consumers, and public health agencies as represented by health officers, epidemiologists, and administrators, was convened by Dr. Diana Yu, who is the Board of Health sponsor and a health officer, and Dr. Anthony Marfin, the State Epidemiologist for Communicable Diseases.

In addition to their work with this ad hoc panel, CDES staff did additional work with stakeholders including focus meetings, teleconferences, and individual consultations to involve representatives from many additional clinical laboratories, health care providers, other public health agencies, and local health officers. Further requests for input were sent to health professions email lists. Veterinary reporting was discussed with the State Veterinarian, in the Department of Agriculture, and the DOH State Public Health Veterinarian.

Initial proposals for changing the rule were solicited from within CDES and from all local health jurisdiction communicable disease investigators and health officers. Other changes were proposed by members of the ad hoc advisory panel. Proposed changes include additions and deletions of certain conditions, modifications of reporting timeframes, adding some specimens required for laboratory submission

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to DOH, wording changes for consistency with national reporting, clarification of condition descriptions, and establishing consistency across different reporting categories. A new system is being proposed to provide more timely identification of the county of residence of reported cases. This would require health care providers, facilities, and referring laboratories to include basic patient information when ordering a test for a notifiable condition. The Board will determine the final content of the revised rule.

For all the final WAC changes, CDES will prepare updated PHIMS forms, data entry screens in PHIMS, and guidelines for reporting in 2011. There will be additional changes in communicable disease surveillance for 2011 based on recommendations from the Council of State and Territorial Epidemiologists (CSTE) for national reporting.

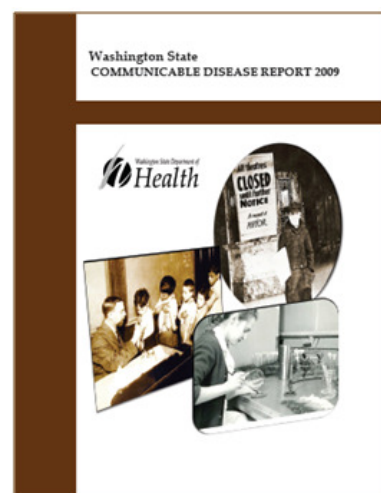
## Answers to Public Health Discussion Points

1. In Washington State, the Washington Administrative Code designates the Board of Health as responsible for determining notifiable conditions reporting. Department of Health offices such as Communicable Disease Epidemiology Section may work with the Board on revisions.
2. Proposed revisions in notifiable conditions reporting include adding conditions, deleting conditions, clarifications, modifying timeframes for reporting, providing more consistency of requirements for groups reporting, expanding information included in reports, and changing the content of information provided by reporters.
3. Among factors considered when making a condition notifiable are seriousness and communicability of the condition, availability of public health interventions, risk to the public, consistency with national reporting, and impact on reporters.

## Communicable Disease Report, 2009

The annual report summarizing communicable disease surveillance for 2009 is now available on the Department of Health website, linked from this page: <http://www.doh.wa.gov/notify/forms/>. This page also contains links to individual conditions which include surveillance reports for chronic hepatitis, sexually transmitted diseases, and tuberculosis.

Other than sexually transmitted diseases, enteric pathogens remain the most commonly reported notifiable conditions. Expanded testing methods have improved detection of enterohemorrhagic *E. coli* serotypes other than O157:H7 including eight O26:H11; seven O103:H2; two O121:H19; one each O26:NM, O103:H11, O111:NM, and O145:NM. Laboratories should submit shiga toxin-positive stool specimens to Washington State Public Health Laboratories for culture and serotyping to improve detection of such serotypes.



Twenty-seven foodborne outbreaks were reported in 2009, affecting a total of 307 cases. Agents from restaurants included *Bacillus cereus* (15 cases), hepatitis A (six cases), and *Salmonella* Enteritidis (54 cases). In addition Washington had 25 *Salmonella* Typhimurium (from peanut butter), 3 *Salmonella* Rissen (from white pepper), *Salmonella* Muenchen (from sandwiches), 26 *Salmonella* Typhimurium (from lettuce), and 5 *E. coli* O157:H7 (from cookie dough) cases related to national outbreaks.

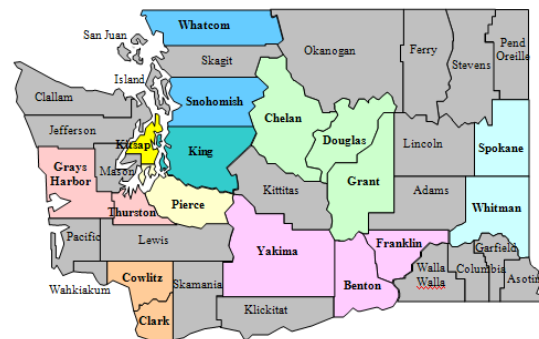
A large measles outbreak with endemic exposure involved 19 reported cases associated with a large church event. The outbreak affected a highly unimmunized group. Of the 18 case patients for whom measles vaccine was indicated, only one adult had received any doses of MMR and none of the school-age case patients had received any vaccine doses.

Incidence of all types of acute viral hepatitis has declined over the past decade. However, only a minority of acute hepatitis B and hepatitis C cases are detected, so surveillance for chronic cases remains important.

## Pandemic 2009 H1N1 Influenza: Developing Real-Time Assessment Capacity

In August 2009, the Washington State Department of Health (DOH) awarded federal Public Health Emergency Preparedness and Response (PHEPR) funding to the Washington Public Health Practice-Based Research Network (WA PBRN) to conduct an assessment of H1N1 influenza preparedness and response activities across Washington local health jurisdictions (LHJs), describe lessons learned, and pilot a method for a real-time assessment of a public health emergency. Public Health–Seattle & King County, which serves as the PBRN’s lead LHJ, conducted the assessment, which included four different telephone surveys with local health officials between September 2009 and May 2010. Results from each of the surveys were summarized in a final report which described lessons learned from conducting a real-time assessment and for future preparedness activities. All the reports are available at the WA PBRN website at:

<http://www.kingcounty.gov/healthservices/health/partnerships/pbrn.aspx>



Counties highlighted participated in the 2009-2010 H1N1 Planning and Implementation Activities Assessment

Source: Washington Public Health Practice-Based Research Network

The Washington Public Health Practice-Based Research Network was founded in January 2009 with support from a two-year Robert Wood Johnson Foundation grant. The WA PBRN comprises leaders from the nine PHEPR regions, the University of Washington Schools of Public Health and Nursing, the Washington State Association of Local Public Health Officials (WSALPHO), and the Washington State Department of Health. The purpose of the network is to identify and seek funding to address key research questions that directly affect the delivery, organization, and effectiveness of public health services in improving the health of the communities in Washington. The network's goals also include translating research findings into improved public health outcomes.